

May 9, 2001

**Physicians, Mid-Level Practitioners, Public Health
Clinics, Hospitals, FQHCs, and RHCs**

MONTANA MEDICAID NOTICE

PROVIDER BULLETIN-ADDENDUM TO PROVIDER MANUAL

Abortion Services
Medicaid Coverage of Mifepristone (Mifeprex, RU 486)

Effective October 1, 2000, Montana Medicaid will reimburse for Mifepristone, also known as Mifeprex or RU 486, to terminate an unwanted pregnancy. Since this drug is not used as a contraceptive – to prevent a pregnancy, but rather as an abortive agent to terminate a pregnancy, it must meet all the criteria required by Medicaid when billing for an abortion. Additionally, the Food and Drug Administration in cooperation with the Mifepristone manufacturer, Danco Laboratories, has specified some additional guidelines when administering Mifepristone.

Requirements:

Mifepristone must be administered within 49 days from the beginning of the last menstrual period by or under the supervision of a physician who:

- ✓ Can access the duration of a pregnancy;
- ✓ Can diagnose ectopic pregnancies;
- ✓ Can provide surgical intervention in cases of incomplete abortion or severe bleeding, or can provide such care through other qualified physicians and can assure access to medical facilities equipped to provide blood transfusion and resuscitation; and
- ✓ Has read, understood and explained to the patient the prescribing information of Mifepristone.

Billing and Reimbursement:

To bill Montana Medicaid for Mifepristone services:

Use HCPCS Level II procedure code: **J8499**: Prescription drug, oral, nonchemotherapeutic, not otherwise specified.

Attach a properly completed **MA-037 – Medicaid Recipient/Physician Abortion Certification** form to each claim for Mifepristone. A copy of the **MA-037** is attached.

Attach to your claim a copy of the NDC and/or invoice for the Mifepristone.

Montana Medicaid reimbursement will be \$81.00 per tablet.

Since Mifepristone must be administered by or under the supervision of a physician, mid-level practitioners in independent practice may only bill Medicaid when attached office notes are co-signed by a supervising physician who meets the above criteria.

If you have any questions or require additional information, please call Provider Relations at:

Helena and out-of-state: (406) 442-1837
In-state toll-free: 1-800-624-3958